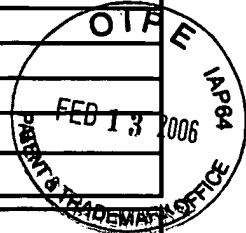


| | | | | | | | | | | | | | | | |
|---|-----------------------|--|--|-------------------------|-----------------------|-------------|------------------|----------------------|---------------------|---------------|-------------|----------|------|---------------------|-----------------|
| <p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3> | | <p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/699098-Conf. #7141</td> </tr> <tr> <td>Filing Date</td> <td>October 27, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Frederick S.M. Herz</td> </tr> <tr> <td>Examiner Name</td> <td>H. Mahmoudi</td> </tr> <tr> <td>Art Unit</td> <td>2165</td> </tr> <tr> <td>Attorney Docket No.</td> <td>P0813.70016US02</td> </tr> </table> | | Application Number | 09/699098-Conf. #7141 | Filing Date | October 27, 2000 | First Named Inventor | Frederick S.M. Herz | Examiner Name | H. Mahmoudi | Art Unit | 2165 | Attorney Docket No. | P0813.70016US02 |
| Application Number | 09/699098-Conf. #7141 | | | | | | | | | | | | | | |
| Filing Date | October 27, 2000 | | | | | | | | | | | | | | |
| First Named Inventor | Frederick S.M. Herz | | | | | | | | | | | | | | |
| Examiner Name | H. Mahmoudi | | | | | | | | | | | | | | |
| Art Unit | 2165 | | | | | | | | | | | | | | |
| Attorney Docket No. | P0813.70016US02 | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | |  | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL AMOUNT OF PAYMENT</td> <td>(\$) 905.00</td> </tr> </table> | | | | TOTAL AMOUNT OF PAYMENT | (\$) 905.00 | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) 905.00 | | | | | | | | | | | | | | |

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 23/2825
 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
 _____ - 20 = _____ x _____ = _____

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)
 _____ _____

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 _____ - 3 = _____ x _____ = _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 _____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____

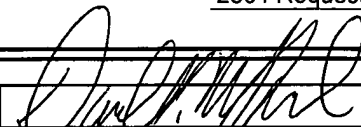
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00

2801 Request for continued examination (RCE) (see 37 ... 395.00

total: \$905.00

| | | | |
|---------------------|---|-----------------------------------|----------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. (Attorney/Agent) | 46,066 |
| Name (Print/Type) | Daniel P. McLoughlin | Telephone | (617) 646-8330 |
| | | Date | 2/8/06 |

Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 8, 2006

Signature: 

Angela McGuffee